

## General

### Title

Substance use disorders: percentage of patients aged 18 years and older with a diagnosis of current substance abuse or dependence who were screened for depression within the 12 month reporting period.

### Source(s)

American Psychiatric Association (APA), Physician Consortium for Performance Improvement® (PCPI), National Committee for Quality Assurance (NCQA). Substance use disorders physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jul. 22 p. [11 references]

## Measure Domain

### Primary Measure Domain

#### Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of current substance abuse or dependence who were screened for depression within the 12 month reporting period.

### Rationale

Depression is one of the most common co-occurring psychiatric conditions in patients with substance use disorders and a condition for which a variety of screening methods have proven effective. Identifying depression and other co-occurring psychiatric disorders in patients with substance use disorders is

essential for proper management and key to developing an integrated treatment approach, which is associated with better outcomes. Despite its importance, research has shown that more than 30% of patients with risk factors for depression, including alcohol or other drug abuse, were not asked about the presence or absence of depression or depressive symptoms.

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines (from the American Psychiatric Association [APA]) and represent the evidence base for the measure:

All patients with a substance use disorder should be carefully assessed for the presence of co-occurring psychiatric disorders, including additional substance use disorders. (APA, 2006)

All positive screening tests should trigger full diagnostic interviews that use standard diagnostic criteria (i.e., those from the fourth edition of Diagnostic and Statistical Manual of Mental Disorders [DSM-IV]) to determine the presence or absence of specific depressive disorders, such as major depression and/or dysthymia. The severity of depression and comorbid psychological problems (e.g., anxiety, panic attacks, or substance abuse) should be addressed. (U.S. Preventive Services Task Force [USPSTF], 2002)

In general, treatment of depressive symptoms of moderate to severe intensity should begin concurrently or soon after initiating treatment of the co-occurring substance use disorder, particularly if there is evidence of prior mood episodes. In individuals without prior episodes of depression or a family history of mood disorders, it may be appropriate to delay the treatment of mild to moderate depressive symptoms for the purpose of diagnostic clarification. Clinicians are advised to monitor symptoms, assess and reassess for suicidal ideation, provide education, encourage abstinence from substances, and observe changes in mental status during the substance-free period while actively considering whether antidepressant intervention is indicated. (APA, 2006)

## Primary Clinical Component

Substance abuse or dependence; screening for depression

## Denominator Description

All patients aged 18 years and older with a diagnosis of current substance abuse or dependence (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Patients who were screened for depression within the 12 month reporting period

## Evidence Supporting the Measure

### Evidence Supporting the Criterion of Quality

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## Evidence Supporting Need for the Measure

### Need for the Measure

Overall poor quality for the performance measured

Use of this measure to improve performance

## Evidence Supporting Need for the Measure

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## State of Use of the Measure

### State of Use

Current routine use

### Current Use

Internal quality improvement

## Application of Measure in its Current Use

### Care Setting

Ambulatory Care

Community Health Care

Physician Group Practices/Clinics

### Professionals Responsible for Health Care

Physicians

Psychologists/Non-physician Behavioral Health Clinicians

Social Workers

### Lowest Level of Health Care Delivery Addressed

Individual Clinicians

### Target Population Age

Age greater than or equal to 18 years

### Target Population Gender

Either male or female

### Stratification by Vulnerable Populations

Unspecified

# Characteristics of the Primary Clinical Component

## Incidence/Prevalence

See the "Rationale" field.

## Association with Vulnerable Populations

Unspecified

## Burden of Illness

Unspecified

## Utilization

Unspecified

## Costs

Unspecified

# Institute of Medicine (IOM) Healthcare Quality Report Categories

## IOM Care Need

Getting Better

Living with Illness

## IOM Domain

Effectiveness

# Data Collection for the Measure

## Case Finding

Users of care only

## Description of Case Finding

Patients aged 18 years and older with a diagnosis of current substance abuse or dependence

## Denominator Sampling Frame

Patients associated with provider

## Denominator Inclusions/Exclusions

### Inclusions

All patients aged 18 years and older with a diagnosis of current substance abuse or dependence

### Exclusions

Documentation of medical reason(s) for not screening for depression

## Relationship of Denominator to Numerator

All cases in the denominator are equally eligible to appear in the numerator

## Denominator (Index) Event

Clinical Condition

Encounter

## Denominator Time Window

Time window is a single point in time

## Numerator Inclusions/Exclusions

### Inclusions

Patients who were screened for depression within the 12 month reporting period

### Exclusions

None

## Measure Results Under Control of Health Care Professionals, Organizations and/or Policymakers

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## Numerator Time Window

Encounter or point in time

## Data Source

Administrative data

Medical record

## Level of Determination of Quality

Individual Case

## Pre-existing Instrument Used

Unspecified

## Computation of the Measure

### Scoring

Rate

### Interpretation of Score

Better quality is associated with a higher score

### Allowance for Patient Factors

Unspecified

### Standard of Comparison

Internal time comparison

## Evaluation of Measure Properties

### Extent of Measure Testing

Unspecified

## Identifying Information

### Original Title

Measure #3: screening for depression among patients with substance abuse or dependence.

### Measure Collection Name

The Physician Consortium for Performance Improvement® Measurement Sets

### Measure Set Name

Substance Use Disorders Physician Performance Measurement Set

## Submitter

American Medical Association on behalf of the American Psychiatric Association, Physician Consortium for Performance Improvement®, and National Committee for Quality Assurance - Medical Specialty Society

## Developer

American Psychiatric Association - Medical Specialty Society

National Committee for Quality Assurance - Health Care Accreditation Organization

Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration

## Funding Source(s)

Unspecified

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## Financial Disclosures/Other Potential Conflicts of Interest

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

## Included in

Ambulatory Care Quality Alliance

## Adaptation

Measure was not adapted from another source.

## Release Date

2008 May

## Revision Date

2008 Jul

## Measure Status

This is the current release of the measure.

The Physician Consortium for Performance Improvement reaffirmed the currency of this measure in November 2010.

## Source(s)

American Psychiatric Association (APA), Physician Consortium for Performance Improvement® (PCPI), National Committee for Quality Assurance (NCQA). Substance use disorders physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jul. 22 p. [11 references]

## Measure Availability

The individual measure, "Measure #3: Screening for Depression Among Patients with Substance Abuse or Dependence," is published in the "Substance Use Disorders Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: [www.physicianconsortium.org](http://www.physicianconsortium.org) .

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

## NQMC Status

This NQMC summary was completed by ECRI Institute on June 25, 2008. The information was verified by the measure developer on August 13, 2008. The information was reaffirmed by the measure developer on November 17, 2010.

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